

# CONFIDENTIAL HIV RISK ASSESSMENT

Administered By: \_\_\_\_\_

Date: \_\_\_\_\_

Program Participant

Name: \_\_\_\_\_

This form is designed as a tool to help you initiate and engage in an HIV risk conversation with your clients. This conversation can contribute to the client determining her/his own sense of risk for HIV infection/transmission. Remember, every client needs to know that he and she has the right to pass or refuse to answer any/every question, no matter how many times it has been asked.

## I. Medical History

1. Has a doctor or nurse ever told you that you have a **Hepatitis A, B, or C**? If answer is "yes", please complete the following...

<i>Hepatitis Type</i>	<i>Treatment Received?</i>	<i>Year</i>

2. Has a doctor or nurse ever told you that you have a **sexually transmitted infection**? If answer is "yes", please complete the following...**Discuss STIs as risk factors for HIV.**

<i>STI Type</i>	<i>Was Treatment Received?</i>	<i>Year</i>

3. **For Women:** Do you have a history of any of the following infections? Remember: these infections MAY be indicative of HIV infection. Many women have these conditions and are not infected with HIV.

<i>Infection</i>	<i>Yes</i>	<i>No</i>	<i>Don't Know</i>	<i>Treatment Received?</i>
Bacterial Vaginosis				
Recurrent Yeast				
Cervical Cancer				

## II. Testing History

**1. Have you ever been tested for HIV infection? Discuss circumstances.**

Yes \_\_\_\_\_

No\_\_\_\_\_



When was last test? \_\_\_\_\_  
risk for HIV infection?

Do you think you are at

\_\_\_\_yes      \_\_\_\_no      (explain why)



Did you return for the results? \_\_\_\_\_  
considered testing?\_\_\_\_\_

Have you



Are you interested in getting tested while in treatment here?\_\_\_\_\_

### III. Sexual History

1. Have you ever been sexually active with either a man OR a woman who was...? **Discuss.**

	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>
IDU			
Prostitute			
Person with STI / HIV			
Person whose HIV/STI status is unknown			

## 2. Self assessment of risk

How would you rate your risk for HIV from sex? (circle one)

1	2	3	4	5	6	7	8	9	10
not a problem			a big problem						

3. With *either* male or female partners, have you engaged in the following activities? Specify how often you used condom or other barrier. **Discuss and clarify terms.**

	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Was Barrier Used? (specify never, sometimes or often)</i>
oral sex				
vaginal sex				
anal sex				
Sex for \$ or drugs or shelter or food				
Sex while using alcohol/other drugs				

#### IV. Drug Use History

1. Have you engaged in the following activities within the...?

	<i>Past few days</i>	<i>Past month</i>	<i>Past 6mths</i>	<i>Past year</i>	<i>More than 1 year ago</i>
Consumed alcohol or ANY other drugs					
Had blackouts					
Injected <b>any</b> drugs					
Had someone else inject you?					
Shared injection equipment ``works``					
Sex in exchange for money/drugs /alcohol/she					

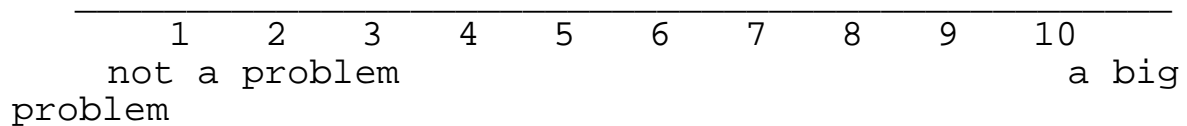
lter/ food					
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2. **For IDU's:** If you have injected drugs, how often did you...?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>
Bleach works				
Boil works				
Clean works with alcohol or other non-bleach substance				
Participate in a needle exchange program				
Have someone else inject you?				

### 3. Self assessment of risk

How would you rate your risk for HIV from drug or alcohol use?  
(circle one)



## V. Other Risks

1. Have you ever experienced the following?

	Yes	Year (Approx.)	No	Unsure	Where/ When
Being tattooed					
Being pierced					
Living on streets					
Sex against your will					
Self-mutilation with sharp instruments					

### FOLLOW-UP NOTES

Date:

Person's Sense of Risk for Sexual Transmission (see self assessment of risk):

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Person's Sense of Risk for Drug/Alcohol-Related Transmission (see self assessment of risk):

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Prior Risk Reduction Efforts/Openness to Current Discussion:

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**Referrals Needed:**

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## RESOURCE REFERRAL CHECKLIST FOR CONDUCTING HIV RISK ASSESSMENTS

This is a list of services you may need for client referral as a result of conducting an HIV risk assessment. Knowing these resources exist and how to make the referral to them can often ease the risk assessment process for staff. Feel free to identify the local provider available to you and your clients in your community in the space provided.

☐ Available & Free Condoms

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☐ Family Planning Clinics/Counseling

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☐ HIV Case Managers

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☐ HIV Counseling & Testing Sites

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☐ Mental Health Services/Counseling

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☐ Methadone Program

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☐ Needle Exchange/ Harm Reduction Programs

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☐ Rape/Assault Crisis Counseling Service

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☐ STI/STD (Sexually Transmitted Infections) Clinic

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